



Beyond Medicare: Coverage for Commercial Payers

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Presented By



- Amy Turner has a widespread background in clinical operations, revenue cycle, internal audit, risk management and health care administration. She is a Registered Nurse as well as a Certified Professional Coder, Certified Healthcare Compliance specialist and a Certified Healthcare Internal Audit Professional. Amy has 22 years of healthcare experience. Amy's unique blend of clinical training, coding education and revenue cycle, with an overlay of regulatory compliance expertise, offer insights that speak well to both the clinician and executive client. Amy's experience includes working in large and small private practices, academic facilities as well as with hospital-based physicians. She is responsible for proposing, budgeting, staffing, leading and conducting various consulting engagements covering a wide spectrum of healthcare related needs. Amy lives outside of Nashville, TN.

Disclosure/Disclaimer

- I have no financial relationships to disclose.
- This presentation is based upon the interpretation of Amy Turner and is made in good faith with the information available at the time it was prepared. Views are subject to change as new guidance becomes available and this presentation is not intended to constitute and/or substitute for legal advice.

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Why are the payer policies so important?

- These policies provide coverage guidelines.
 - Unfamiliarity with these policies may lead to claim denials that cannot be overturned.
- Many payer policies will outline (not an all-inclusive list)
 1. Is the procedure a covered benefit?
 - Is the service considered investigational or experimental?
 2. If allowed, what are the frequency limitations
 - 4/year, 6/year, 2/lifetime
 3. Usage of steroid
 - Is steroid permissible?
 - If so, what is limit of steroid?
 4. What conservative measures have to be tried and failed
 5. List of references



How do you keep up with the changes in a busy office?

- Sign up for news letters
 - Medicare
 - Medicaid
 - Commercial Payers
- Watch denials
 - Denial trending is important
 - Be on alert for denials “not medically necessary”
- Phone a friend
 - Never discount the importance of a network of colleagues



Policies differ based on patient plan!

Policies and Protocols

This library includes UnitedHealthcare policies and protocols. The policies and protocols presented here may not apply to all UnitedHealthcare plans.

Commercial Policies



View the current policies that apply to UnitedHealthcare Commercial benefit plans.

Medicare Advantage Policies



View the current policies that apply to UnitedHealthcare and Affiliated Medicare Advantage benefit plans.

Community Plan Policies



View the current policies that apply to the UnitedHealthcare Community Plan benefit plans.

Exchange Plans Policies



View the current policies that apply to UnitedHealthcare Exchange Plans benefit plans.

<https://www.uhcprovider.com/en/policies-protocols.html>

Precertification

- Documentation must be complete and thorough to obtain precertification
- Precertification does not mean that you have necessarily met all medical necessity requirements
 - Ex- Call insurance- representative says “no precertification is required for outpatient procedures”
 - This does not in any way mean that the procedure is considered medically necessary
- Precertification staff must understand the right questions to ask and importance of looking up payer policies

Precertification denied

- Common causes of denied precertification
 - Poor documentation
 - MUST document thoroughly
 - Previous treatments tried and failed
 - How long since last injection
 - Recurrence of symptoms
 - Conservative measures
 - Incomplete HPI
 - Incomplete Exam
 - Document key components that meet medical necessity
- Not a covered service
 - Must have an awareness of what is a medically necessary service



United Healthcare

(Facet Joint Injections for Spinal Pain- 2021T0004LLL)

The following are proven and medically necessary

- An initial diagnostic Facet Joint Injection/Medial Branch Block to determine facet joint origin when all of the following criteria are met:
 - Pain is exacerbated by facet loading maneuvers on physical examination (e.g., hyperextension, rotation); and
 - Clinically significant improvement has not occurred (the pain remains at a 3 or more on a 1-10 pain scale) after a minimum of four weeks of conservative care (including but not limited to pharmacotherapy, exercise, or physical therapy).
 - Clinical findings and imaging studies suggest no other cause of the pain (e.g., spinal stenosis with neurogenic claudication, disc herniation with radicular pain, infection, tumor, fracture, pain related to prior surgery); and
 - The spinal motion segment is not fused; and
 - A radiofrequency joint denervation/ablation procedure is being considered

United Healthcare

(Facet Joint Injections for Spinal Pain- 2021T0004LLL)

- A second Facet Joint Injection/Medial Branch Block performed to confirm the validity of the clinical response to the initial Facet Joint Injection, when all of the following criteria are met:
 - Administered at the same level and side as the initial block
 - The initial diagnostic Facet Joint Injection produced a positive response as demonstrated when all the following criteria are met:
 - For at least the expected min duration of the effect of the local anesthetic; AND
 - Functional improvement that is specific to the individual with demonstrable improvement in the physical functions previously limited by the facetogenic pain; AND
 - A radiofrequency joint denervation/ablation procedure is being considered

United Healthcare

(Facet Joint Injections for Spinal Pain- 2021T0004LLL)

Facet Joint injections are ***unproven and not medically necessary***:

- If radiofrequency ablation procedure is not considered as treatment option at the requested level(s)
- For treating spinal pain, after diagnostic injections have been completed
- After two Facet Injections/Medial Branch Blocks at the same level and same side (this is considered therapeutic rather than diagnostic)
- Therapeutic Facet Joint Injections and/or Facet Nerve Block (i.e., Medial Branch Block) for treating chronic spinal pain
- For a second Facet Joint Injection/Medial Branch Block if the initial injection did not confirm the joint as the source of pain
- In the presence of untreated Radiculopathy at the same level as the intended diagnostic injection (with the exception of Radiculopathy caused by a facet joint synovial cyst)
- If injection of volume of local anesthetics exceeds 0.5 ml for Medial Branch Blocks
- When performed under ultrasound guidance

United Healthcare

(Ablative Treatment for Spinal Pain- 2022T0107Z)

Thermal RFA of facet joint nerves is ***proven and medically necessary*** for the following:
Initial treatment of chronic cervical (C3-4 joint and below), thoracic and lumbar pain when:

- Clinical documentation shows a Functional Impairment due to facet pain; and
- Clinical documentation of a diagnostic Facet Joint Injection and/or Facet Nerve Block (i.e., Medial Branch Block) to localize the source of spinal pain to the facet joint confirms the following:
 - At least a 50% reduction in pain from baseline at the specific side and level of the proposed ablation; and
 - The reduction in pain allows a measurable functional improvement; and
- The diagnostic procedure is not performed on the same day as the ablation procedure

United Healthcare

(Ablative Treatment for Spinal Pain- 2022T0107Z)

Repeat treatment of chronic cervical (C3-4 joint and below), thoracic and lumbar pain when:

- History and physical exam confirm that the facet joint is the source of pain; and
- Clinical documentation shows a Functional Impairment due to facet pain; and
- Performed at a frequency of six months or longer (maximum of 2 times over a 12-month period per side and level); and
- There has been a 50% or greater documented reduction in pain for at least 10 weeks following the previous ablation, as substantiated by a validated pain scale.

Aetna Epidural

Interlaminar - 0016

- 4 week of conservative treatment tried and failed
- Part of comprehensive pain program
- Repeat if 50% relief for 2 weeks, increase in function, reduction in pain meds
- 3 injections per region, per episode in 6 months
- 4 per rolling 12 month period
- Ultrasound guidance investigational

Radicular pain in low back pain as pain and/or numbness that radiates below the knee; in neck pain it is pain, numbness or weakness in the shoulder, arm, wrist or hand

http://www.aetna.com/cpb/medical/data/1_99/0016.html

Transforaminal - 0722

- Conservative measures tried and failed
- Repeat-
 - 50% relief for 2 weeks,
 - Increase in function,
 - Decrease in pain meds
- 3 per episode of pain, per region per 6 months (regardless of level)
- 4 per region every 12 months
- Ultrasound guidance investigational

http://www.aetna.com/cpb/medical/data/700_799/0722.html

Miscellaneous Injections

- SI Denervation
 - Most commercial Payers
- Occipital Nerve Block
 - UHC
 - Cigna
 - Aenta
- Genicular Nerve Block
 - Aetna
 - Cigna
 - Humana
- Ganglion Impar – 64999
 - Investigational
- Racz Procedure
 - Investigational
- Hardware Injection
 - Investigational
- Ultrasound for TPI
 - Investigational
- Facet and ESI with US
 - Investigational
- Cluneal Nerve Block
 - Investigational with:
 - Aetna
 - Absolute Total Care
 - Cigna



Thank you!

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